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| 05073 7590 03/50/2006 BAKER BOTTS L.L.P. 2001 ROSS AVENUE SUITE 600 | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUF FEE address above, or being facsimile transmitted to the USPTO (578) 1273-2885, on the date indicated below. | | | |
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| | | | | | | | (Dato) | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INV | | D INVENTOR | ATTORNEY DOCK | ATTORNEY DOCKET NO. CONFIRMATION NO. | | |
| 10/086,988 | 02/28/2002 | Mark D. | | Levedahl | 064749.0141 (PD | 064749.0141 (PD 02E002) 6322 | | |
| TITLE OF INVENTION: A | METHOD AND SYSTEM I | FOR ASSIGNING (| OBSERVATI | ONS | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) | DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | 30 | \$1400 | | 06/30/2006 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | | |
| STARKS, WILBERT L | | 2129 | | 706-001000 | | | | |
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353). Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address form PTOSB/12) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB/12) or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is listed, to name will be printed. | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (printer type) PLEASE NOTE: Lides an assigne is identified theory, no assigne data will appear on the patent. If an assigne is identified below, the document has been filled of recordation as set forth in 37 CFR 3.11. Completion of this form it NOT a substitute for filling sit assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Raytheon Company Waltham, MA Please check the appropriate assignee category or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ Government | | | | | | | | |
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| 4a. The following fee(s) are Solution Fee Publication Fee (No: Advance Order - # o | b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby subdigized by chapte the required fee(s), or credit any overpayment, to Deposit Account Number (2D-20384 "enclose an extra copy of this form). | | | | | | | |
| 5. Change in Entity Status | (from status indicated abo MALL ENTITY status, Se | | _ | cant is no longer claiming S | | | | |
| The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec | | | tion Fee (if and from anyon) Office. | ny) or to re-apply any preve other than the applicant; | iously paid issue fee to the registered attorney or a | he applica gent; or f | rk 1.27(g)(2). stion identified above. he assignee or other party in | |
| Authorized Signature | | | | Date | 6/27/06 | | | |
| Typed or printed name Byacley P. Williams | | | | | tion No40,22 | | | |
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